

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**General Excise/Use, Withholding,  
Transient Accommodations, Rental Motor Vehicle and  
Tour Vehicle Tax Refund**

**TRACER REQUEST FOR TAX YEAR \_\_\_\_\_**  
*(See back for Instructions)*

Check Tax Type for this tracer request:

☐ General Excise/Use    ☐ Withholding    ☐ Transient Accommodations    ☐ Rental Motor Vehicle and Tour Vehicle

**Part I General Information** *(Complete Lines 1 through 5)*

1. Taxpayer's Name	2. GE/WH/TAT/RVST I.D. Number
3. Mailing Address on the Return	4. New Mailing Address (if different)
5. Daytime Telephone Number: Residence (_____) Business (_____) _____	

**Part II Reason For Tracer Request**

1. Did you receive the refund check? ☐ Yes ☐ No  
If "No", stop here, otherwise continue to line 2.
2. The refund check was received but was (check ONE of the following boxes):  
☐ Lost    ☐ Stolen    ☐ Destroyed    ☐ Other \_\_\_\_\_
- AND**
- Was the check endorsed? ☐ Yes ☐ No  
If "No," stop here, otherwise continue to line 3.
3. The refund check was endorsed with (check ONE of the following boxes):  
☐ Payee's signature    ☐ Officer, Partner or Member, Executor, Trustee, or Authorized Agent signature  
☐ For Deposit Only    ☐ Pay to the Order of \_\_\_\_\_

**NOTE:** A "STOP PAYMENT" will be issued on the original refund check upon receipt of this form. If you receive/find your original check after submitting this form, DO NOT CASH THE ORIGINAL CHECK. You must return the check to the district tax office to which you submitted this form.

**Part III Declaration**

I hereby declare, under the penalties provided by sections 231-34, 231-35, and 231-36, HRS, that I have examined this request and, to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Print or Type Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Date

**For Office Use Only**

Check/Warrant# \_\_\_\_\_  
Amount \_\_\_\_\_  
Issued Date \_\_\_\_\_  
COMPT VO# \_\_\_\_\_  
Period \_\_\_\_\_  
Tax I.D.# \_\_\_\_\_  
Tax Office VO# \_\_\_\_\_  
Post Date \_\_\_\_\_

## GENERAL INSTRUCTIONS

1. Enter the tax year for which the refund was due at the top of the form **and** check the appropriate box to indicate the type of tax the tracer request is for. If you are requesting a tracer for more than one refund check, you must complete a separate Form G-80 for each request.
2. Complete Parts I through III of the Tracer Request Form and return it to the District office with which you filed your return. In the case of a corporation, partnership or trust, an officer, a partner or member, executor, trustee or duly authorized agent must sign this request. **Be sure to complete Part III, Declaration, print or type your name, include title (if applicable) and date in the spaces provided. You must include your signature.** Your request will not be processed if any requested information is missing.
3. A **"STOP PAYMENT"** will be issued on the original check after you send in this form. If you receive or find your original check after submitting this form, **DO NOT CASH THE ORIGINAL CHECK**. You must return the check to the district tax office to which you submitted this form.
4. You should receive information about your refund in 4 - 6 weeks.
5. Please call the district tax office you filed your return with if you have any questions.

## MAILING ADDRESSES AND TELEPHONE NUMBERS

OAHU DISTRICT OFFICE  
Attention: Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259  
Telephone: 808-587-4242  
Toll Free: 1-800-222-3229  
Telephone for the Hearing Impaired  
808-587-1418  
Toll Free: 1-800-887-8974

MAUI DISTRICT OFFICE  
P.O. Box 1169  
Wailuku, HI 96793-6169  
Toll Free: 1-800-222-3229

HAWAII DISTRICT OFFICE  
P.O. Box 833  
Hilo, HI 96721-0833  
Toll Free: 1-800-222-3229

KAUAI DISTRICT OFFICE  
3060 Eiwa Street, Rm. 105  
Lihue, HI 96766-1889  
Toll Free: 1-800-222-3229